

FACILITY REQUEST FORM

ORGANIZATION: _____

REP'S NAME: _____ 2ND CONTACT: _____

ADDRESS: _____ ADDRESS: _____

PHONE: H) _____ W) _____ PHONE: H) _____ W) _____

FACILITY BEING REQUESTED:

- | | |
|------------------------|------------------------|
| () Southeast _____ | () Fallbrook _____ |
| () Carter Field _____ | () Bennett _____ |
| () Barrett Park _____ | () Eagles Field _____ |
| () Other _____ | |

DATES REQUESTED: _____ HOURS REQUESTED: _____

PURPOSE OF USE (Tournament play, league play, outing, etc.) _____

WILL YOU BE CHARGING FEES, ADMISSIONS, OR REQUIRING ANY TYPE OF FINANCIAL SUPPORT FOR YOUR EVENT? () YES () NO IF YES: _____

ANTICIPATED INCOME _____

ANTICIPATED EXPENSES _____

TOTAL PROFIT/LOSS _____

What will you do with any profit realized from this event? _____

NOTE: A complete financial statement may be required.

NOTE: A cover letter, explaining more fully your event, is recommended.

SIGNED _____ DATE _____

OFFICE USE ONLY

DATE RECEIVED _____ GRANTED _____ NOT GRANTED _____

COMMENTS _____